AUTHORIZATION AND DESIGNATION SIGNATURE CARD

NAME: (print)	DATE:
ADDRESS:	
POSITION:	TELEPHONE:
	(Area Code & Number)
I hereby designate and	authorize
.	(Name of Organization)
representative for the purposes	, its agents or representatives, to act for me as my exclusive agent and of collective negotiations with respect to terms and conditions of employment, the ments, and any questions arising thereunder.
I hereby revoke every	other designation of authorization, if any, previously made by me for such purposes.
	(Signed)
WITNESS:	
	(Cut here ≫)
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WITNESS:	

PELRB 10/00